



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

BOARD OF MASSAGE & BODYWORK

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

MASSAGE ESTABLISHMENT PROFESSIONAL-IN-CHARGE STATEMENT

INSTRUCTIONS

When to Complete

Complete this form when...

- applying for a Delaware license for an establishment, **or**
- reporting a change in the Professional-in-Charge of a Delaware-licensed establishment.

Professional-in-Charge Requirements

The Professional-in-Charge of a Delaware-licensed establishment:

- is responsible for complete and adequate supervision of the establishment, including ensuring that all employees are licensed when required by law
- must hold a current Delaware Massage license
- may serve as the Professional-in-Charge for only one establishment at a time.

When the Professional-in-Charge of an establishment changes...

- The outgoing (former) Professional-in-Charge **must** notify the Board in writing **within 10 days** of termination as the Professional-in-Charge.
- The incoming (new) Professional-in-Charge must sign the **PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT** statement on this form.

ESTABLISHMENT INFORMATION

1. Name of Establishment: _____
Enter name as it appears on license or on application for license.

2. Establishment **Location** Address: _____
Street (No PO Boxes)

City State Zip

3. Why are you submitting this form? Check one:

- ☐ The establishment above has applied for a *new Delaware license*. Skip to Question 5.
- ☐ I am reporting a change in the professional-in-charge for the *Delaware-licensed establishment* above. Enter your Delaware Massage Establishment license number: MZ - _____ Continue to next question.

PROFESSIONAL-IN-CHARGE INFORMATION

4. Enter the following information about the **outgoing (former)** Professional-in-Charge:

Full Name: _____

DE Massage License Number: **M**____ - _____ License Expiration Date: _____

5. Enter the following information about the **incoming (new)** Professional-in-Charge:

Full Name: _____

Does this person have an active Delaware Massage license? Yes ☐ No ☐ **If yes, enter the following:**

DE Massage License Number: **M**____ - _____ License Expiration Date: _____.

When does (did) this person become the Professional-in-Charge? _____

The Professional-in-Charge must complete and sign the PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT section below. The acknowledgment must be notarized.

PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT

1. Do you understand that you:

- are responsible for conducting and managing the establishment named above? Yes ☐ No ☐
- must comply with all applicable state and federal laws? Yes ☐ No ☐
- must ensure all employees are licensed when required by law? Yes ☐ No ☐
- must ensure that your license remains in good standing at all times?

2. Have you read Section 12.4 of the Board's [Rules and Regulations](#) and understand that you can be a Professional-in-Charge for only **one** shop at a time? Yes ☐ No ☐

3. Do you agree to notify the Board of any change in professional-in-charge **within 10 days**? Yes ☐ No ☐

Professional-in-Charge Signature: _____ **Date:** _____

Your Email: _____ Your Phone: _____

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this _____ day of _____, 2_____

SEAL Signature of Notary Public: _____

My Commission expires: _____

Mail this form to:

Board of Massage and Bodywork
861 Silver Lake Blvd., Suite 203
Dover DE 19904-2467